

RETURN TO:
CCAP Provider Certification
 PO Box 2510
 Baton Rouge, LA 70821
 FAX (225) 342-4180

**Louisiana Department of Education
 Child Care Assistance Program**

Worker ID: _____
Parish: _____
 CCAP 15R
 REV 12/19

CCAP Provider Rate Agreement

Name of Provider	TIPS Provider No.	License No. If Applicable
Physical Street Address	City, State	Zip Code
Mailing Address, If Different From Above	City, State	Zip Code
Phone Number	Cell Phone Number	Email Address

Check all that apply:

- Type III Early Learning Center**
 Family Child Care Provider
 In-Home Provider
 School Child Care Provider
 Military Provider
 Head Start Program

Rate changes should be promptly reported to the address below.

Please complete the following and include verification of your rates (notice to parents, i.e. newsletter, bulletin)

<u>RATES AND FEES</u>	Site Capacity _____	# of CCAP children _____	# of Vacancies _____
<u>Registration Fee</u>			
Do you charge a registration or enrollment fee? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, fee amount charged: \$ _____			
Fee is charged: <input type="checkbox"/> per child <input type="checkbox"/> per family Fee is collected: <input type="checkbox"/> one time <input type="checkbox"/> annually <u>Rates Charged Per Child</u>			
<i>You must complete both sections below, even if you do not currently care for a child in each age group:</i>			
<u>Age 0:</u>	<u>Age 1-2:</u>	<u>Age 3 & Over:</u>	
Full-Time Care \$ _____ per day	Full-Time Care \$ _____ per day	Full-Time Care \$ _____ per day	
<i>Complete part-time care rates only if you provide part-time care.</i>			
Part-Time Care \$ _____ per day	Part-Time Care \$ _____ per day	Part-Time Care \$ _____ per day	
Do you provide special needs care? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Special Needs Rates:			
<u>Age 0:</u>	<u>Age 1-2:</u>	<u>Age 3 & Over:</u>	
Full-Time Care \$ _____ per day	Full-Time Care \$ _____ per day	Full-Time Care \$ _____ per day	
Part-Time Care \$ _____ per day	Part-Time Care \$ _____ per day	Part-Time Care \$ _____ per day	

Agreement Timeframes:

This agreement shall become effective upon execution by the parties hereto on the date signed below. Department shall incur no liability for payment for childcare for any child until Provider has received a notification of eligibility and payment for that child from the Department.

 Provider Signature

 Date

 Provider Name (printed)

 Provider Title